



WASTE TIRE TRANSPORTER NOTIFICATION FORM

Department of Environmental Quality
Financial Services Division
Post Office Box 4303
Baton Rouge, Louisiana 70821-4303
Phone: (225) 219-3863

TO BE ASSIGNED BY DEPARTMENT

Agency Interest # _____
DEQ Facility # RT- _____
Authorization Certificate # T- _____

I. Applicant Information (Print Legibly or Type)

Business/Property Owner/Contact: **	Contact person:	
Business/Organization:	Physical Location/Street Address:	
Mailing Address:	City, State:	
City, State, Zip:	Zip:	Parish:
Parish	Business Phone No:	

II. Tax ID No.

Federal Tax ID No:	State Tax ID No:
--------------------	------------------

III. Fees Waste Tire Transporter: \$100 per year (July 1-June 30) VEHICLE: \$25 PER VEHICLE (July 1-June 30)

Submit all fees by check or money order, made payable to the LDEQ, and mail to the above address.
Attach a copy of current proof of liability insurance, plus vehicle registration or lease agreement for each vehicle that will be utilized for the transporting of waste tires.

**** Application must be in the name of the registered owner. If leasing must show proof of lease and insurance must be in lessee name.**

III. Vehicle Information: On a separate page, list additional vehicles and information transporting waste tires.

Make	Model	Year	License Number	Registered Owner **

IV. CERTIFICATION

I have personally examined and am familiar with the information submitted in this document and LAC 33:VII.Chapter 105, and hereby certify under penalty of law that this information is true, accurate, and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Authorized Signature

Print Name and Title

Date